

CHAPTER OVERVIEW

This chapter discusses a variety of mental health services available to individuals, families and children through state, private, school and community resources.

The Department of Mental Health provides a wide range of mental health services through its three divisions: Division of Mental Retardation and Developmental Disabilities, Division of Comprehensive Psychiatric Services and Division of Alcohol and Drug Abuse. The eligibility and referral process and description of services for each Division is as follows:

DEPARTMENT OF MENTAL HEALTH - DIVISION OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

The treatment and habilitation of persons with mental retardation and other developmental disabilities are the responsibility of the Division of Mental Retardation and Developmental Disabilities (MRDD). A developmental disability is a long-term condition that significantly delays or limits mental or physical development and substantially interferes with life activities such as self-care, communication, learning, decision making, capacity for independent living and mobility.

Each individual eligible for MRDD services is assigned a case manager. The case manager is responsible for developing and monitoring the habilitation and treatment plan designed to meet the individual needs of the client.

ELIGIBILITY FOR SERVICES

Eligibility for services is determined through an assessment process. Cost for services to the individual is based on his/her ability to pay.

An individual must have mental retardation (per state law Section 630.005, RSMo.) that occurred before age 18 or a developmental disability or a severe health problem such as autism, epilepsy, or cerebral palsy that results in a need for specialized habilitation services. They may also have been injured or brain damaged (from accidents, etc.). However, the disability should be expected to be a continuing problem rather than short-term and result in significant functional limitation in at least two areas.

Services are voluntary and may be provided from birth to death of the eligible individual.

School aged children (ages 5 to 21) receive primary services through the public school system. However, MRDD can assist with evaluation, behavior management or provide referrals at the request of the school system and the guardian.

REFERRAL PROCESS

The Children's Service Worker should contact the intake worker at the Department of Mental Health Regional Center which serves their county. The worker should assist the family in completing the necessary intake forms and making arrangements for a comprehensive assessment to determine eligibility for services. The assessment is completed by the DMH "Team" (professionals that do testing and evaluations). The assessment includes a psychological evaluation, health screening, sensory-motor assessment, speech assessment (children under 5) and a social assessment. A physical examination is also required prior to the time of the assessment. The assessment process takes approximately one to two months to complete.

Generally, a "Return Interpretation Conference" is held the same day the assessments are completed. The individual, his/her guardian and appropriate agency representatives, i.e., Children's Division (CD) staff are invited to the conference. Persons attending the conference are verbally informed of the test results, eligibility status and recommendations for future planning. There is no fee associated with this initial assessment.

When determined eligible for MRDD services, the individual is assigned a DMH case manager. The Children's Service Worker, DMH case manager and any other advocate meet and develop the Individual Habilitation Plan (IHP).

PLACEMENT

The need for placement is identified during the IHP process. If there is an immediate need for placement, the DMH "Team" attempts to locate a suitable DMH foster or group home. If placement is not needed immediately, the child is placed on a "tracking form" which is monitored by the DMH case manager. When an opening occurs in a suitable home, the Team reviews the appropriateness of the available home for the child and contacts the family.

SERVICES AVAILABLE

- Therapy - A course of therapy is prescribed based on the individual's needs and may include occupational therapy, physical therapy, speech therapy and behavioral management therapy.
- Training - Training programs are designed to assist the individual be a contributing member of the community.
- Residential Placement - Community placement and state operated habilitation centers serve individuals who require assistance in a residential setting.
- Family Support - Family support services help individuals with disabilities live in the community. These services include respite, attendant and home health care, parent training and environmental adaptations.

- Choices for Families - This program provides funds for families to obtain services (excluding day care and baby-sitting) to meet the needs of the family that have a member with developmental disabilities at home.
- Respite Care - Temporary care of a child to provide relief to the caregiver. Respite care is available to both birth parents and placement providers.
- Other services - Individual DMH-MRDD Regional Centers may provide additional services which are limited to individuals/families residing in their catchment area.

INTERAGENCY AGREEMENT

The Children's Division and Department of Mental Health - Mental Retardation and Developmental Disabilities have an interagency agreement to provide assistance for children with a dual diagnosis of mental retardation or other developmental disability and a behavior/conduct disorder. Before pursuing services through the interagency agreement, the Children's Service Worker must explore all appropriate resources and determine that they are unavailable. The major requirements of the interagency agreement are as follows:

- CD and DMH-MRDD will have joint case manager responsibilities and work together in permanency planning when appropriate;
- CD will retain legal custody of the child for a minimum of 12 months. At the end of the initial 12 month period CD and DMH-MRDD case managers will conduct a case review and make recommendations regarding the legal custody of the child;
- During the initial 12 months, payments for the child's care will be made by CD directly to the placement provider. Beyond the first year, payments will be dependent upon which agency has custody of the child, i.e., if custody is awarded to DMH, DMH will assume cost of child's care.

DEPARTMENT OF MENTAL HEALTH - DIVISION OF COMPREHENSIVE PSYCHIATRIC SERVICES

The Department of Mental Health - Division of Comprehensive Psychiatric Services serves children with an emotional or behavioral disorder or mental illness/disorder (other than mental retardation or developmental disabilities). The program goal is to treat children as close to their home as possible and help them function at their optimal level. Children are provided a wide-range of services to meet the child's physical, psychological, social, education, vocational and recreational needs. Services are funded through a combination of general revenue, the Social Services Block Grant, Federal Alcohol and Drug Abuse and Mental Health Block Grant, as well as Medicaid and/or private insurance payments for eligible children. The child's family pays for

services based on their ability to pay as determined by a standard means test. Services may also be funded through contracts with other agencies, i.e., Children's Division.

Services provided for children are through a combination of programs at DMH CPS operated facilities and an administrative agent system. The administrative agent system is comprised of DMH CPS facilities and not-for-profit community mental health centers operating under state contracts. Families, children and referral sources (CD, courts, schools, doctors, etc.) can access the services through the DMH CPS administrative agent within their geographic area. The intake worker for the administrative agent will arrange for a child to be evaluated to determine what services may be appropriate and assist in accessing the system.

ELIGIBILITY FOR SERVICES

Individuals with emotional or behavioral disorders or mental illness may be eligible for services through DMH CPS. Public Law 101-476 specifies that the individual must have a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects their performance:

- An inability to learn that cannot be explained by intellectual, sensory or health factors;
- An inability to build or maintain satisfactory interpersonal relationships with family, peers and school teachers;
- A general pervasive mood of unhappiness or depression; and
- A tendency to develop physical symptoms or fear associated with personal or school factors.

When the Children's Service Worker suspects that a child has an emotional or behavioral disorder or mental illness, he/she should contact the appropriate administrative agent to arrange for an assessment. If the assessment indicates that the child is eligible for and in need of services, a treatment plan will be developed and services offered.

SERVICES AVAILABLE

- Case Management - Linking the child to needed services, i.e., school, community, other agencies, etc. and coordinating the delivery of those services.
- Out-patient therapy - Clinical intervention in the office of a therapist, psychologist, social worker, or other professional in the mental health field.

- Families First - Intensive crisis intervention provided by therapists and social workers to prevent out-of-home placement of children who have severe emotional disorders.
- Extended Families First - Intensive family reunification services for families who have children returning home from inpatient or residential facilities.
- 503 Project (St. Louis County) - Interagency therapeutic case management for children with severe emotional disorders to keep children within their own family, school and community.
- Caring Communities Project - An interagency initiative to keep children in school within their own homes and communities.
- Court-ordered evaluations – Court-ordered evaluations and assessments of individuals. Evaluation results and recommendations are to be forwarded to the court within 20 days.
- Assessment/Evaluation Services - Systematic appraisal to determine the child's strengths and limitations to develop and individualized program for the child.

PLACEMENT

The Department of Mental Health - Comprehensive Psychiatric Services provides a variety of placement options for children who have been diagnosed with an emotional, behavioral or mental disorder by an approved psychiatrist or psychologist. When such children require out-of-home placement, but do not require in-patient care, the following placements less restrictive options are available:

- Day treatment - Intensive therapy and structure for a portion of a 24 hour period.
- Respite care - Temporary care for children to relieve that caregiver from continual child care responsibilities. Respite care is available to both parents and out-of-home placement providers.
- Therapeutic foster care - Intensive intervention and care provided by skilled and licensed placement providers in a family and community-based environment. Children may be placed in therapeutic foster care voluntarily through the mental health administrative agent or involuntarily through the juvenile court system. Also, placements may be arranged through the interagency agreement as discussed above, for children in the legal custody of the Children's Division.
- Residential treatment - Structured environment and protection for children who do not pose a threat to themselves or others. Children are placed

voluntarily, through the juvenile court system, or by the Children's Division in accordance with the interagency agreement.

Children whose psychiatric needs cannot be addressed in a community environment and require 24 hour observation and treatment may be placed in an in-patient treatment facility. In-patient care may be appropriate for those children who, because of their mental disorder, pose a threat to themselves or others. Admittance is based on the finding of an assessment completed through a community mental health center. The child must meet ALL of the following criteria for admission:

- Child has a diagnosed mental disorder;
- Child requires in-patient care and treatment for the protection of himself and others due to the mental disorder/illness; and
- The mental health facility is the least restrictive environment in which the child can adequately function.

CHILD AND ADOLESCENT SERVICE SYSTEM PROJECT

The Child and Adolescent Service System Project (CASSP) is an interagency effort to coordinate and develop policy around (Wrap-Around Services) services to children. The project has also developed a parent support and advocacy system.

A state level assistance team has been created to oversee the efforts of CASSP to coordinate and develop policy around the services. Team members include representatives of each of the three Department of Mental Health Divisions, Juvenile Justice Association, Elementary and Secondary Education, Division of Youth Services and Children's Division.

DEPARTMENT OF MENTAL HEALTH - DIVISION OF ALCOHOL AND DRUG ABUSE

The Department of Mental Health - Division of Alcohol and Drug Abuse provides comprehensive treatment and rehabilitation services for adults and children to promote recovery from drug and alcohol abuse.

AVAILABLE SERVICES

Comprehensive Substance Treatment and Rehabilitation Program (CSTAR) is designed to promote recovery from alcohol and other drug abuse. The goal of CSTAR is to strengthen family relationships, involve family members in the treatment process and integrate community resources to meet the client's housing, education, employment, health and other needs. The program provides a continuum of care that includes three levels designed to provide varying amounts of structure and service. The levels are as follows:

- Level 1 - Designed to simulate the structured programming offered in in-patient and residential treatment programs. This level of care can be offered on a residential or non-residential basis from 30 to 60 days.
- Level 2 - An individually tailored program where individuals participate in nine hours per week of group education and counseling and one hour per week of individual counseling or family therapy for 45 to 90 days.
- Level 3 - This supported recovery level allows an individual to receive ongoing supportive services and assist in sustaining therapeutic gains made in treatment and rehabilitation. The individual may receive services at level 3 for two years or longer.

NOTE: CSTAR programs are covered by Medicaid.

PROGRAMS

Adolescent Program - Treatment and rehabilitation for adolescents age 13 through 17. Services emphasize recovery and address the adolescent's development, education, and recreational needs. Adolescents participate in the program while living at home or other locations such as group homes and foster homes. The program joins with other agencies, i.e., CD, courts and schools to provide a coordinated treatment plan for adolescents.

Women/Children Program - Comprehensive systematic approach to the treatment and rehabilitation needs of women and their children. The program addresses the woman's recovery from alcohol and other drug abuse and the needs of the children and the family. Parent skills training is a key component of the treatment, to ensure appropriate child care while the mother participates in treatment. The children participate in co-dependency and family counseling. The children are also taught skills to reduce the possibility of becoming a victim of physical, sexual or emotional abuse. Pregnant women are given priority.

General Population Program - Treatment and rehabilitation for adult men, women and their family members. Program participants are served on a non-residential basis. They are linked with other community resources to meet their needs for housing, child care and health care.

MEMORANDA HISTORY: